MINI BULLETIN – 21 September 2023

# BMA position statement on physician associates and anaesthesia associates

Our position aims to clarify the confusion over roles, supervision and what patients should expect.

Location: UK - Published: Monday 18 September 2023

The BMA has always supported multidisciplinary team working and recognises the crucial roles that different staff perform in the NHS.

A central tenet of well-functioning teams is that patients and clinicians have a clear understanding of the skills, qualifications and, where relevant, the limitations of those providing care.

Patients should always know who is treating them and when this is – and is not – a medically qualified Doctor.

Across the medical profession concerns have been raised that medical ‘associate’ roles unhelpfully blur the distinction between Doctors and non-medically qualified professionals. Our own BMA Patient Liaison Group, and feedback on tragic cases, report the high level of the public’s misunderstanding.

Patients and their families are often unaware they have not been seen or assessed by a Doctor; such confusion is understandable – on social media there is a proliferation of physician associates (PAs) describing themselves as Doctors, GPs, and medical consultants, something that must not be allowed to happen because this is a false representation.

Physician and anaesthetic associates do not hold a medical degree, and neither are they medically trained. They are not Doctors.

It is abundantly clear that the public find the title ‘Physician Associate’ highly misleading and confusing. Before 2014, PAs were known as Physician Assistants to mirror the name of the same profession in America. Anaesthesia Associates (AAs) were similarly previously known as Physician’s Assistants (Anaesthesia).

With statutory regulation of these roles now firmly accepted, it seems logical that patients would be better protected and served by reverting to the original professional titles, to reflect their role within clinical teams.

We have urged the Department of Health and Social Care, on patient safety grounds, to change the professional titles of PAs and AAs to Physician Assistant and Physician Assistant (Anaesthesia) or Anaesthetic Assistant in future legislation to stop on-going confusion for the public. We will explore all options to secure this much needed change.

The possibility for increasing patient confusion by expanding the General Medical Council’s (GMC) remit to regulate PAs and AAs is self-evident. We continue to oppose the GMC being given this role.

It remains our firm position that the Health and Care Professions Council is the appropriate body to regulate tightly defined PA and AA roles and the way they assist medical teams in providing care.

The issues with PAs and AAs go beyond professional title and choice of regulator. Their use and planned expansion challenges what it means to be a Doctor, reflects how the medical profession has been devalued, and demonstrates how the health system is seeking to undermine it in favour of colleagues with less training, skills and expertise.

It is clear from [the NHS Long term Workforce Plan](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2023%2F06%2Fnhs-long-term-workforce-plan-v1.2.pdf&data=05%7C01%7C%7Ca34f386bada542646de108dbba8fe41d%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638308899397789437%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=hAAjb3qqOvSWHwrYphKi%2Bw7tJkI6VmpymFlH3JQd2KA%3D&reserved=0) in England that these roles are due to expand significantly. Members are also seeing expansion in Scotland and Wales. Doctors, PAs and AAs are distinct professions and must be treated as such. Yet parts of the NHS declare that PA training involves aspects of both undergraduate medical education and postgraduate medical training.

All health professionals working in the NHS should be paid properly, but it is clearly wrong that a newly qualified Doctor entering postgraduate training is paid over £11,000 less per year than a newly qualified PA, while the Doctor’s role, remit and professional responsibility is far greater. We estimate that this is a 35% differential, which is manifestly unjust. We will continue our fight for fair pay for all Doctors working in the NHS.

In the months ahead the BMA will be surveying our members and the public on their attitudes towards PAs, AAs, and other medical associate professional roles. We will be making it clear to the public the differences between medical associate professions and Doctors.

While we will be lobbying for the changes above, in parallel, we will be calling on the GMC to ensure its quality assurance assessments of approved undergraduate and postgraduate training programmes consider the impact of PAs and AAs on medical student and junior Doctor training opportunities.

We will be exploring ways for Doctors to report concerns regarding loss of training opportunities and patient safety concerns where medical associate professionals act outside their scope of practice.

We will be providing guidance to members on supervision responsibilities and associated liabilities of those who work with these professionals.

We will oppose the planned expansion of PA and AAs roles, and the granting of prescribing rights following PA and AA regulation.

We may review this position if it can be demonstrated that our concerns above have been addressed.

PA’s are not qualified to order investigations requiring ionising radiation, such as x-rays. Supervising Doctors are not able to countersign either prescriptions or radiology requests without assuring themselves that the responsibilities they carry legally and under the GMC’s Good Medical Practice have been fulfilled.

The level of medical supervision to these Doctors’ assistants is high and we will not be compromising the standards expected of our members, who will be encouraged to speak up if they feel patient safety may be being compromised.

Governments, regulators, education providers, and employers must do more to ensure that patients benefit, and Doctors are not undermined, from expanding and enhancing multi-disciplinary working.

We will work with other stakeholders to ensure that patients are safe, understand who they are being treated by and that the quality of supervision and training of Doctors remains our priority in providing the valued experts our patients need to deliver safe and effective care.